



GEORGIA STATE BOARD OF PHYSICAL THERAPY

237 COLISEUM DRIVE
MACON, GEORGIA 31217
(478) 207-2440

WWW.SOS.GA.GOV/PLB/PT

INSTRUCTION SHEET FOR APPLICATION FOR REINSTATEMENT

PLEASE READ THESE INSTRUCTIONS AND THE LAWS AND RULES PRIOR TO COMPLETING THE APPLICATION.
YOU MAY NOT PRACTICE IN GEORGIA WITHOUT AN ACTIVE LICENSE.

ALL APPLICANTS MUST SUBMIT THE FOLLOWING DOCUMENTS:	
APPLICATION FEE	Licenses lapsed less than two years--\$100.00. Licenses lapsed for more than two years--\$150.00. The respective fee must accompany each application. The application fee is non-refundable and cannot be combined with any other fee.
APPLICATION	Type or print in ink. You must respond to all questions and requests on the application or it will be returned for you to complete. Includes a recent passport-type photograph of only the applicant taken within the last 60 days. Check the type of application: PT or PTA. Mail the application, the application fee, and any additional required documents to Georgia State Board of Physical Therapy, 237 Coliseum Drive, Macon, Georgia 31217.
PROOF OF CONTINUING COMPETENCY	You must submit proof of completion of continuing competency, including course outlines/objectives pursuant to Rule 490-4-.02. Thirty (30) hours of continuing competency are required, which includes 4 hrs. of GA Ethics & Jurisprudence.
C.V. or RESUME	You must submit a C.V. or Resume which details your work activity for at least the past two years.
ADDITIONAL DOCUMENTS	
TRAINING PERMIT	If you have not been actively practicing for the past two or more years, you must complete 1000 hours of supervised practice under a training permit. Please submit a "Letter of Agreement for Traineeship Supervision". See Rule 490-4-.01(4).
VERIFICATION OF LICENSE	If you have ever been issued a license in any other state or territory, you must have each state submit verification of licensure to this Board. There may be a fee due to the other state(s), contact each state. That state Board should mail verification of your license directly to Georgia.
EXEMPTIONS	If you request an exemption from continuing competency requirements, 1000 hours of supervision, and/or NPTE exam, you must hold a current license in good standing from another state. You will need to complete an Application for Waiver or Variance, which must be approved by the Board.

APPLICATION REVIEW

Only completed applications with all supporting documentation and fees will be presented to the Board for approval. An application is considered complete when all supporting documents are received.

APPLICATION DECISIONS

Decisions of the Board are communicated by letter approximately 5-7 business days following the Board meeting. The Board's office staff is not authorized to discuss Board decisions over the telephone.

APPLICATION STATUS

Follow-up on application status is the responsibility of each applicant. Applications are only valid for 12 months.

ADDRESS CHANGES

You must immediately notify the Board in writing of an address change. Please indicate that you are an applicant. The post office does not forward mail from the Board office.

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APPLICATION FOR REINSTATEMENT OF LICENSE PHYSICAL THERAPIST OR PHYSICAL THERAPIST ASSISTANT

1. PLEASE READ THE GENERAL INSTRUCTIONS THOROUGHLY BEFORE COMPLETING THIS APPLICATION
2. TYPE OR PRINT CLEARLY. ENCLOSE ALL REQUIRED DOCUMENTS AND FEE.
3. NONREFUNDABLE APPLICATION FEE: \$100.00-LICENSE EXPIRED LESS THAN 2 YEARS; \$150.00-LICENSES EXPIRED MORE THAN 2 YEARS.
4. SIGN AND HAVE THE APPLICATION NOTARIZED, A PHOTOGRAPH OF THE APPLICANT MUST BE ATTACHED AT TIME OF NOTARY.
5. INDICATE TYPE OF LICENSE:
☐ PHYSICAL THERAPIST ☐ PHYSICAL THERAPIST ASSISTANT

SECTION I: PERSONAL INFORMATION

1. **NAME** _____
LAST FIRST MIDDLE GEORGIA LICENSE NUMBER

2. **SOCIAL SECURITY NO.** ____-____-____ **DATE OF BIRTH** M/M - D/D - Y/Y|Y/Y
(Required for identification, law enforcement, statistical and administrative purposes)

3. **ADDRESS** _____
MAILING ADDRESS APT #
CITY STATE ZIP

If you are granted a license, your name, mailing address and license number are public information. Your physical address is required, if different than the mailing address. You must immediately notify the Board in writing of an address change.

4. **ADDRESS** _____
PHYSICAL ADDRESS (Post Office Box is not acceptable) APT #
CITY STATE ZIP

5. **DAYTIME PHONE** ____-____-____ **OTHER PHONE** ____-____-____

SECTION II: PROFESSIONAL INFORMATION

6. Date last Georgia license expired: M/M - D/D - Y/Y

Reason desiring reinstatement: _____

7. Have you completed the required continuing competency hours? ☐ Yes ☐ No (Attach copies of certificates & course outlines/objectives for the hours obtained in the past 2 years.)

8. Do you hold a license in another state? ☐ Yes ☐ No

If no, continue to question 9. If yes, please provide the following information, and contact each State Board & request verification of your license be mailed directly to our Board office.

State _____ License # _____ Type: ☐ PT ☐ PTA Expiration date M/M - D/D - Y/Y

State _____ License # _____ Type: ☐ PT ☐ PTA Expiration date M/M - D/D - Y/Y

☐ ☐ _____

9. Have you worked in the capacity of a physical therapist or physical therapist assistant in Georgia since your license expired on 12/31/___? ☐ Yes ☐ No If "yes", then you must submit a statement listing the dates you have practiced in GA since the date your license lapsed.

SECTION III. BACKGROUND INFORMATION

If you answer "yes" to any of the following questions, provide details and a letter of explanation on a separate sheet. For questions "10a", "10b", "10c" and "10d" you must also submit a certified copy of the official document (court indictment, police record, certified warrant/court dismissal, verdict or first offender treatment), which indicates the final disposition of any reported case. You are expected to read each question carefully and completely and to notify the Board of any changes in the background information. You will be asked to certify under oath that the answers are true and correct. Failure to answer these questions truthfully and to notify the Board of any changes to the information may be grounds for denial of your application or other disciplinary action.

10. Have you ever:

- a. ☐ yes ☐ no Been convicted of a felony or crime involving moral turpitude in the courts of this state or any other state territory or country, or in the courts of the United States? For purposes of this question, "felony" includes any offenses which, if committed in this state, would be deemed a felony. For purposes of this question, a "conviction" includes a finding or verdict of guilty, a plea of guilty, or a plea of nolo contendere in a criminal proceeding regardless of whether an appeal of the conviction has been sought, and also includes any adjudication of guilt or sentence withheld or not entered pursuant to the provisions of Code Sections §§42-08-64, relating to first offenders, or any comparable rule or statute.
- b. ☐ yes ☐ no Had revoked or suspended or otherwise sanctioned any license issued to the applicant by any board or agency in Georgia or any other state?
- c. ☐ yes ☐ no Been denied issuance of or, pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in Georgia or any other state?
- d. ☐ yes ☐ no Been sued in a civil action alleging negligence or malpractice on your part or jointly with others in connection with your practice as a Physical Therapist or Physical Therapist Assistant or any other health related profession?

11. In the past five (5) years have you

- a. ☐ yes ☐ no Been diagnosed with or have you been treated for any of the following: schizophrenia or any other psychotic disorder, delusional disorder, bipolar or manic depressive mood disorder, major depression, antisocial personality disorder, addictive narcotic disorder, addictive drug disorder, addictive intoxicating liquors disorder, substance abuse, or any other condition which significantly impaired your behavior, judgment, understanding capacity to recognize reality, or ability to function in school, work, or other important activities?
- b. ☐ yes ☐ no Suffered any memory loss or impaired judgment for any reason?
- c. ☐ yes ☐ no Been terminated from an educational institution?
- d. ☐ yes ☐ no Been reprimanded, demoted, disciplined, terminated, or cautioned by an employer?
- e. ☐ yes ☐ no Been admitted to a hospital or other facility for the treatment of bipolar disorder, schizophrenia, paranoia, other psychotic disorders, addictive narcotic, drug, or intoxicating liquors disorder, or substance abuse?

12. Do you

- a. ☐ yes ☐ no Currently suffer from any disorder that impairs you judgment or that would otherwise adversely affect your ability to practice as a physical therapist or physical therapist assistant?
- b. ☐ yes ☐ no Have any condition, which causes substantial impairment of, or limitation on your ability to practice as a Physical Therapist or Physical Therapist Assistant with reasonable skill and safety to the public or presents a threat to the health or safety of another individual.
- c. ☐ yes ☐ no Currently use narcotics, drugs, or intoxicating liquors to such an extent that your ability to practice as a Physical Therapist or Physical Therapist Assistant, according to prevailing performance standards and essential job functions is impaired?

12. Attach a resume or C.V. detailing your work activities. Be sure to include name of employer, dates employed, job description and job title. The C.V. or resume must contain all employment for at least the past two years to present.

13. ☐ I am a U.S. citizen ☐ I am not a U.S. citizen, but am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States. If you are not a U.S. citizen, you must complete the attached form, **DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS**, and provide required documentation.

*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. §19-11-1 and O.C.G.A. §20-3-295, 42 U.S.C.A. §551 and 20 U.S.C.A. §1001. It may also be disclosed to other licensing boards, or other regulatory agencies for license tracking purposes.

AFFIDAVIT

STATE OF _____

TERRITORY OF _____

COUNTY OF _____

COUNTRY OF _____

I hereby authorize the Georgia State Board of Physical Therapy to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia or any other state. Under penalties of perjury, I declare and affirm that the statements made in the foregoing application, including accompanying statements and transcripts are true, complete and correct. I understand that any false or misleading information in, or in connections with any application may be cause for denial or loss of licensure. I further certify that I am the person in the attached photograph.

Signature of Applicant

Sworn to and subscribed before me this
_____ day of _____, 20_____.

Notary Public

My commission expires: _____

*(Notary: Photograph must be attached at time you notarize application)

**AFFIX ORIGINAL
PASSPORT-SIZED
PHOTO OF APPLICANT
ONLY (Taken within the
Last 60 days)**

Applicant must sign the

Back of the photo



**OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440**

CONSENT FORM

I hereby authorize the Georgia State Board of Physical Therapy ("Board") to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Physical Address(P.O. Boxes NOT Accepted)

Sex

Race

Date of Birth

Social Security Number

One of the following must be checked:

☐ This authorization is valid for 90/180/___ (circle one) days from date of signature.

☐ I, _____ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

Signature of Applicant

Date

Special licensure provisions (check if applicable):

___ Working with mentally disabled

___ Working with elder care

___ Working with children

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

Please check the box which applies to your status. You must provide copies of the required documentation as an attachment to this form.

Alien Lawfully Admitted for Permanent Residence:

- _____ - USCIS Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”)
- _____ - Unexpired Temporary I-551 stamp in foreign passport or on USCIS Form I-94

Asylee:

- _____ - USCIS Form I-94 annotated with stamp showing admission under §208 of the INA
- _____ - USCIS Form I-688B (Employment Authorization Card) annotated “27a.12(a)(5)”
- _____ - USCIS Form I-766 (Employment Authorization Document) annotated “A5”
- _____ - Grant letter from the asylum office of USCIS
- _____ - Order of an immigration judge granting asylum

Refugee:

- _____ - USCIS Form I-94 annotated with stamp showing admission under §207 of the INA
- _____ - USCIS Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (3)”
- _____ - USCIS Form I-766 (Employment Authorization Document) annotated “A3”
- _____ - USCIS Form I-571 (Refugee Travel Document)

Alien Paroled Into the U.S. for at Least One Year:

- _____ - USCIS Form I-94 with stamp showing admission for at least one year under §212(d)(5) of the INA

Alien Whose Deportation or Removal Was Withheld:

- _____ - USCIS Form I-688B (Employment Authorization Card) annotated “274a.12 (a) (10)”
- _____ - USCIS Form I-766 (Employment Authorization Document) annotated “A10”
- _____ - Order from an immigration judge showing deportation withheld under §241 (b) (3) of the INA

Alien Granted Conditional Entry:

- _____ - USCIS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
- _____ - USCIS Form I-688B (Employment Authorization Card) annotated “274a.12 (1) (3)”
- _____ - USCIS Form I-766 (Employment Authorization Document) annotated “A3”
- _____ - SEVIS Form I-20 validated by the student’s school for work at a particular employer for Curriculum Practical Training
- _____ - SEVIS Form I-20 validated by the student’s school for work at a particular employer
- Plus a valid Employment Authorization Card noted for OPT-Optional Practical Training

Cuban/Haitian Entrant:

- _____ - USCIS Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”) with the code CU6, CU7, or CH6
- _____ - Unexpired temporary I-551 stamp in foreign passport or on USCIS Form I-94 with the code CU6 or CU7
- _____ - USCIS Form I-94 with stamp showing parole as “Cuba/Haitian Entrant” under §212(d) (5) of the INA

Alien Who Has Been Battered or Subjected to Extreme Cruelty:

- _____ - USCIS petition and appropriate supporting documentation

Name of Applicant (please print clearly)

Signature of Applicant

Date Signed (MM/DD/YYYY)